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SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Mood Disorder Handbooks Perpetuate Psychiatric Myths, Present Barriers to Systemic Thinking

A new study analyzing APA mood disorder handbooks reveals outdated narratives of depression continue to dominate.

By **Ally Riddle** - March 7, 2024

A new study published in *Frontiers in Psychiatry* critiques the dominant constructions of mood disorders in two mainstream, APA-recommended handbooks of psychopathology.

Despite progress from critical psychiatry that has revealed the flawed diagnostic criteria in the DSM and debunked old myths such as the chemical imbalance theory, the authors found that these harmful, dominant narratives remain embedded in the handbooks.

They write:

"The prevalence of intrapersonal biomedical explanations (mostly referring to the chemical imbalance theory and genetic factors) implies that these 'urban legends' are resistant to change, and indeed professional textbooks tend to provide an unbalanced perspective of etiopathogenic processes with very little consideration of psychosocial factors and life events."

As a result, the authors call for a careful reexamination of how mood disorders

are constructed in these influential texts.

The study was conducted by Lisa C. Fellin from the Department of Human and Social Sciences at the University of Bergamo, and Ekaterina Zizevskaia and Laura Galbusera from the Department of Psychiatry and Psychotherapy at the Brandenburg Medical School.

Critical psychiatry efforts over the last century have worked to resist the prevailing biomedical model that centers on pathophysiological causes of "mental disorders" promoted by insurance and drug companies.

Alternatively, through a constructionist and critical perspective, the authors understand psychopathology not as an objective scientific term but instead as a **"cultural, political and social construction, largely or entirely determined by different ontologies and epistemologies, as well as societal, cultural, and professional values, biases, and allegiances."**

While this perspective is gaining traction, and it is widely recognized that "disorders" cannot be understood as being disconnected from the individual's social context, social aspects continue to be neglected, and it has yet to make its way into mainstream clinical practice and its associated texts.

The authors highlight the profound impact that these texts have, as they reflect the mainstream constructs of mental illness and are used to train mental health professionals to practice accordingly, which has grave consequences.

Thus, the authors set out to investigate this issue further with new methods, address the implications of reinforcing these narratives, and offer an alternative approach to how we view psychopathology.

They analyzed all the explanations relating to "mood disorders" in two mainstream psychopathology academic manuals that are recommended on the APA website. The texts are professional manuals intended to guide students, educators, and practitioners. They analyzed them concerning how the texts are produced and consumed and the surrounding broader sociocultural context. Focusing on categories that would shed light on how being "depressed" is defined and how a person diagnosed with depression should be treated, the authors look at the following categories in their analysis: Symptom Explanations, Therapeutic Change Explanations, and Etiology Explanations.

They used the coding system "1 to 3: From the monad to the triad" to interpret explanations for causes and treatment of mood disorders and distinguish

between monadic (focusing on one entity), dyadic (focuses on the relationship between two entities), and triadic (involving three entities with interactions between them) explanations. Additionally, the authors used natural language processing in the selected chapters to gain deeper insights and visualize predominate language patterns.

The authors found that the primary explanations for etiology and symptoms were biomedical causes (36%) and personal attributes (33.5%). External causes were used in only 18% of cases, followed by interpersonal explanations with 12.5%.

The two chapters had an 86% prevalence of monadic, or single entity, explanations, with limited dyadic explanations and negligible triadic or systemic explanations.

In sum, the results of the study were consistent with previous studies that show an unbalanced view of the cause and treatments of mood disorders, with interpersonal and biomedical explanations dominating in both texts and limited space devoted to societal, relational, or traumatic factors.

Results from the NLP showed an overrepresentation of cognitive therapy compared to other therapeutic approaches and a noteworthy prevalence of language patterns pertaining to individual-based biological and other intrapersonal explanations.

These unbalanced views of etiology and treatment factors have serious consequences. The focus on biomedical explanations for mood disorders strongly leads individuals to medication, less hope for recovery, and increased stigma. Importantly, it also leads to overlooking broader psychosocial, environmental, and structural factors. The authors conclude:

“We can underscore the risk that already vulnerable or oppressed groups, whose onset of depression might be related to poor social conditions, lack of resources, discrimination, and power imbalances, may be further medicalized, disempowered, and marginalized.”

They call for a careful reexamination of explanations in these texts and a

reconceptualizing of psychopathology goals that decrease stigma and increase autonomy and agency in overcoming mood disorders.

They suggest an alternative framing that attempts to make sense of human distress and lived experience through ongoing co-constructed conversations with those who are affected and an understanding of depression as having the function of "signaling unmet needs" or "conveying a message to pay attention to some areas of life."

The results of this study reinforce the urgency for re-examining how dominant narratives are constructed in psychiatric textbooks and handbooks, as well as emphasize the ongoing need to reconceptualize mental distress in a way that accounts for the complexity of what it means to be a human being in a particular social context.

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Fellin LC, Zizevskaia E and Galbusera L (2024). Is the mainstream construction of mood disorders resistant to systemic thinking? Front. Psychiatry 14:1270027. doi:10.3389/fpsyt.2023.1270027 (Link)

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